

## ETHNIC HEALTH ADVISORY COMMITTEE

May 08, 2006  
5:00 p.m. – 7:00 p.m.

**Cannon Health Building**  
288 North 1460 West, Room 114  
Salt Lake City, Utah

<b>Members</b>	Sam Folau Heru Hendarto Shawn M. Jimerson Robert Kagabo Aida Santos Mattingley Dena Ned Sylvia Garcia Rickard Luz Robles Betty Sawyer Ellen Selu K. Kumar Shah Jesse Soriano Suri Suddhiphayak Leanna VanKeuren	Patti Fuhriman Elizabeth Heath Melanie Preece Kathryn Rowley Nasrin Zandkarimi Melissa Zito	April Young Bennett George Delavan Owen Quiñonez Dulce Diez	Kyum Koo Chon Greg Jaboin Mary Catherine Jones Doreina Lee Sabrina Morales
<b>Excused</b>				
<b>Attendees:</b>			April Young Bennett George Delavan Owen Quiñonez Dulce Diez	Kyum Koo Chon Greg Jaboin Sabrina Morales

**1. Call to order, welcome, introduction.....Sylvia Rickard**

**2. Review, and approval of March 20, 2006 minutes .....Sylvia Rickard**

Sam Folau, Betty Sawyer and Ellen Seleu were excused. Robert and Shawn were also absent.

Sam motioned to accept the minutes with changes.

Kathryn seconded the motion.

Minutes approved.

**Action Item: CMH: Correct and resend minutes.**

**3. Check status of action items and follow up..... Sylvia Rickard  
from previous meetings**

*Screening of new members:*

Jesse made the motion to delete the action item about screening because citizenship status is not relevant to EHAC membership. The motion was seconded and approved.

*Listserv:*

The listserv request has been made to the Office of Information Technology some time ago, but still has not been completed.

Kumar complimented April for doing a good job at sending information.

*The UDOH Health Disparities Plan:*

The plan is not yet completed.

Betty asked if the UDOH Health Disparities Plan included Healthy People 2010 goals. Owen said the plan is part of a grant about those goals.

Kumar asked if the plan would demonstrate how different groups will interface with each other and who has the responsibility and what process will they follow. It will. He would also like to see a list of priorities by time frame and the relationship of the plan to Healthy People 2010.

Dulce has just started working with local health departments. The plan is limited to the state health department and does not incorporate local health departments because CMH is not going to tell them what to do; we are just going to offer assistance. The plan with local health departments is to have general areas to work with them such as creating a database of translated materials and cultural competence training. Kumar liked that there would not be duplication of effort because of the database. Jesse wanted to know what role EHAC would have in developing such a training. Dulce said that CMH will attend a train-the-trainers training, then present the training product to EHAC, then approve the curriculum. Owen said the Center will not provide all the training. Owen added that local health departments completed a survey and expressed interest in cultural competence.

The difference between interpretation training and cultural competence training was clarified. Cultural competence applies to any service you provide. Luz added that cultural competence is more comprehensive and for service providers. Jesse is concerned that we do not know what a good cultural competence training is. Interpretive services are a component of cultural competence, but we still aren't quite sure what a good training program is. Some trainings work in some communities and not in others. Jesse would like to have EHAC involved for this reason.

Sylvia asked if Katherine could talk about this. Katherine added that web resources are important to eliminate duplication. UCAN has a component about cultural competence in their training.

Nasrin suggested that EHAC create subcommittees to help in development of training. Jesse agreed that EHAC members should work on this. Dulce would like to create general guidelines now and in the future we can be more specific. Kumar would like Jesse and others to be involved in creating the training before CMH attends train-the-trainers training. Owen says CMH is sending representatives to train-the-trainers because CMH would like to be more aware of cultural competence knowledge to work better and provide better services within the health department. Sylvia suggested that EHAC members who would be interested in serving in such a subcommittee contact Owen. Jesse has already expressed interest. Nasrin would like to see more local people involved in trainings who are more familiar with local issues. Sylvia

said we need to have professionals offer us advice but not necessarily have them deliver the training. Kumar asked about training at the medical school. Luz said the U of U has a curriculum. Kumar thought that the person who teaches this at the U should be on the committee. Betty said that such a training should provide a framework and resources that would hopefully allow them to do what we want them to accomplish, but should not overkill so that people feel overwhelmed and reject the information. She agreed with Dulce that the plan for local health departments should not be elaborate.

CMH will continue to send out action items by email. EHAC members should check for action items assigned to them and when they complete their assigned action items, send an email to April. April will mark the action items complete on the list. If people inform April when they complete action items, it will not be necessary to discuss those action items at EHAC meetings.

**Action Item: EHAC members and attendees: Review the action item list sent out regularly to EHAC members and notify April at [aybennett@utah.gov](mailto:aybennett@utah.gov) when you complete an action item so she can mark it complete in the list.**

**Recommendations:**

**The UDOH Health Disparities Plan should demonstrate how different groups will interface with each other, who has the responsibility and what process will they follow.**

**CMH should continue with its plan to create a database of translated materials for local health department use.**

**CMH should involve EHAC members when creating cultural competence curricula.**

**When creating cultural competence training, seek professional advice but do not necessarily have professionals deliver the training.**

**Cultural competence training should provide a framework and resources but should not make people feel overwhelmed.**

**CMH should continue with its strategy to avoid overwhelming local health departments by not creating an elaborate plan for them.**

**4. Medicare Part D workshop ..... Sylvia Rickard**

Two trainings on Medicare and other health insurances were scheduled. No one went to them, however. If we do it again, we need to work harder to have people come. Sylvia added that there is a bill introduced that may extend the deadline to the end of the year. If so, there will be more time.

**5. Update from the UDOH and CMH ..... Dr Delevan  
Owen Quiñonez**

*Dr. Delavan update:*

A pandemic flu summit was held at Davis Health Department. It will involve working with communities at the very local level. Coordination will be important.

Sylvia added that Nasrin will present at EHAC in September about the flu. Luz attended the summit and had huge concerns about lack of attention to Limited English Proficient individuals and lack of telephones. She noticed large gaps regarding low income and ethnic communities.

There was an event last week about Healthy America, a governor's association initiative. UDOH has just summarized a report related to this initiative: Tipping the Scales Toward a Healthier Population at <http://health.utah.gov/obesity>. It talks about roles.

*Bill Greer update:*

The Medicaid interim committee will try to evaluate and understand the impact of Medicaid on this state and all departments. The concern is how to deal with federal cuts. They will find out about all health programs and the impact of federal funding on state programs. There is a survey for all programs about federal funding. The Senate committee members have been appointed but House members are not appointed. Sheldon Kilpack of the Senate is chairing the committee. Other members include Allan Christensen, Lyle Hilyard, Gene Davis, Hale, Newbold (who else?)

*CMH update:*

CMH submitted a federal continuation application.

The website will be completed by June.

We will have a second meeting about translation.

The pandemic flu committee is seeking more members. It is very time consuming but Heru and Owen are the only minority representatives now.

Senators Hatch and Bennett hosted a meeting of the Citizen Healthcare Working Group. They took information from citizens about how they want the health system to be. See [www.citizenshealthcare.gov](http://www.citizenshealthcare.gov) for more information.

**Action Item: EHAC members: Contact Owen if you or another community member you know are willing to participate in the Pandemic Flu planning committee.**

**Recommendation: Address Limited English Proficient people and people without phones in pandemic flu planning.**

**6. Update from the Multicultural Health network..... Doug MacDonald,  
Greg Jaboin, Utah Issues**

Doug MacDonald is the new director of Utah Issues. He has worked for the Tax Commission as chief economist and he has also worked in South Dakota government.

Greg spoke at a meeting for school districts about multicultural needs and how we can meet those needs. Many people joined the network. Families USA presented on April 12. Over 35 people attended. The presenter was from Families USA and gave a power point on disparities and changing demographics. They talked about Medicaid and why it is essential to eliminate health disparities because more people of color rely on Medicaid programs. He will also speak at Voices for Utah Children at 3:00 tomorrow. On May 10, he will speak at Westminster College. He is starting an internship program. He has applicants from SLCC and is also looking at other universities. He sent a letter to Network members inviting people to join

leadership. The Summit will be next month or the month after. The letter was handed out to EHAC members. Greg is confident they will be able to make the Summit occur.

Sam requested that emails be forwarded to April so they are not seen as spam. When the listserv is created, everyone can send emails to the listserv and mark the listserv, cmh@list.utah.gov, as a safe address in their email accounts. **NOTE: The listserv has now been established. Its email address is cmh@list.utah.gov**

Jesse pointed out that Greg has done an outstanding job since he was hired in January.

Kumar pointed out that the time of the meeting is important because people have full time jobs. 4:30 or 5:00 are good times.

Greg wants to survey people to find out when people are available and also to plan a regular time that people can expect.

#### **7. Funding Priorities: Draft July Recommendations Budget.....Sylvia Rickard**

*Clarification and discussion concerning how to complete the assignment:*

It is requested that EHAC members present their health funding priorities to the UDOH administration. This is for health in general, not for CMH specifically.

Luz pointed out that EHAC members know a lot about the CMH budget but do not know much about other programs to comment on funding priorities.

Jesse added that this should be a wish list. It is not framed around money.

Sylvia would like an educational meeting for EHAC members to find out what is going on in the state. She would like to have data to know what we are asking for. She suggested Owen send emails to EHAC and then they can make a list.

Owen will send a list out for people to add to.

Sam said we should not present the list by community but rather as a group. Kumar agreed that it should be about common issues.

Kyum suggested we reiterate past priorities to help us have ideas.

Sylvia intention is to speak as one voice as Sam said.

Kumar likes the idea of taking common issues.

Greg asked who we would bring to the table. How do you find the right people to provide the message on behalf of the community?

Sylvia said this is why we need to go to the table and talk as a group.

Kumar said we would get better results at articulating issues by talking about issues as a group of Americans. If there are special problems for a community, we can all agree to recommend the solution.

Kyum said we should think about general idea of prevention versus treatment since there is obviously going to be a limited amount of money.

Greg said poverty is the underlying issue and it applies to whites too. He suggested that EHAC members craft this as to why this issue is important regardless of race and ethnicity and make it more inclusive.

Kumar agrees that it isn't about newcomers. Demanding for minorities is a turn-off to the majority. There is not enough money to go around to begin with.

*Health department priorities:*

Dr. Delavan said last year's priorities included the following:

- Medicaid, because case loads are growing and healthcare costs increasing
- Baby Watch early intervention program for young children with disabilities
- State primary care grants
- Funding for birth defects registry
- Medical examiners office

Dr. Delavan said priority issues include:

- Obesity
- pandemic preparation
- immunization rates
- teen pregnancy
- the uninsured

Dr. Delavan added that addressing health disparities are a priority to our division, but not necessarily in the department.

*Priorities mentioned by EHAC members:*

Sylvia wants funding for EHAC travel. She attended a cancer conference that was beneficial and would like others to attend also, especially the next chair.

Luz's first priority is primary care grants. Luz recommends asking for 2 million dollars. Luz said that her wish is universal coverage, but if the capacity of community health clinics is increased, it will help minorities. She added that we need more data to support this.

Luz suggested all programs allocate 10% of their budgets to outreach efforts to the ethnic community.

Jesse said that as soon as you say a quota, people take it as a limit. People should indicate what effort they are making to serve ethnic community, but he does not think it is a good idea to say 10%. He thinks they should be required to tell us and then we can decide whether we think it is enough.

Sylvia recommends that some funds be allocated to allow committee members to meet in different parts of the state to let communities know we are here.

Ellen said we used to have community meetings.

Katherine pointed out that even existing resources not necessarily passed on to communities.

Jesse adds that lack of response is due to two possibilities; people don't care or delivery is poor. Many delivery methods do not work in our communities. With minority communities, face to face communication is most effective.

Owen said Medicare Part D training may not have been successful because no relationships were established with people invited. But establishing relationships requires a lot of time.

Betty added that establishing relationships is part of cultural competence. However, in the Black community an established relationship is not as important as a call to action. Issues must be pressing and worthy for busy people to take time for them. Within the department, the tobacco program went through a 2-year process of meeting with community representatives to plan. They came up with five areas of focus: community outreach, media and communication, data—missing cell phone users, cultural and linguistic competence, and capacity building. See the Bridging the Gap document online: <http://www.tobaccofreeutah.org/strategicplan.pdf>

Owen added that Tobacco is doing a good job in the community and this information would be helpful for other organizations.

Kyum suggested we construct a website where we can provide information beginning with basic information offered in a variety of languages. We could start with just a few, then add more.

Sylvia suggested funding for booths at community events.

#### **Recommendations:**

**Face-to-face outreach is most successful for many minority populations.**

**For the African American community, a pressing call to action is more important than a previously established relationship.**

**See separate list for funding recommendations.**

#### **8. Public Comment/upcoming events ..... Sylvia Rickard**

The Juneteenth celebration will be on the 17<sup>th</sup> and 18<sup>th</sup>, and booths will be available.

The Asian festival is coming up, and they have already arranged for a table for EHAC.

The Multicultural Health Network meeting will be on the 23<sup>rd</sup>.

A healthcare provider training on cultural competence issues while treating breast cancer will be at Centro de la Familia this Friday.

Nasrin presented new tear pads about new 7<sup>th</sup> grade immunization rules.

Sam has a DVD that he will send out to EHAC members.

There will be a cultural competence training about pacific islanders in June.

#### **9. Adjourn and next meeting – July 10, 2006 ..... Sylvia Rickard**